

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

HEARING AND SPEECH EXAMINING BOARD

SPEECH-LANGUAGE PATHOLOGY CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department at the above address.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Graduation:

 / /

Social Security #: (voluntary-for school's use in locating your records)

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Applicant Signature

Date

SCHOOL: Certify completion after the applicant named above has actually graduated and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or dspscredhearingspeech@wisconsin.gov.

Name of Institution:

Location of Institution: (City, State)

Type of Degree Awarded:

Major:

Date Diploma Granted:

 / /

(anticipated dates of graduation will not be accepted)

Signature of Dean or Department Head

Date

 / /

Title